

POWER FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2930

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
726 Poplar St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 Years.
years, months or days.

3. (a) PRINT FULL NAME Nora Whitesel

3. (b) If veteran, name war Norje 3. (c) Social Security No None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles T. Whitesel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 23, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>66</u>	<u>9</u>	<u>16</u>		hr. _____ min.

9. Birthplace Joplin, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Reno

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Childress
(City, town, or county) (State or foreign country)

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Charles T. Whitesel

(b) Address 726 Poplar St., Carthage, Mo.

17. (a) Burial (b) Date thereof 1-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Jan 10, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 726 Poplar St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th,
year 1941 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 8, 1941;
that I last saw him alive on Jan 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis
due to diabetes
Due to Bronchopneumonia 5 days
Due to Influenza 7 days
Other conditions Diabetes Mel 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature B. W. Webster (M. D. or other) M. D.
Address Carthage, Mo. Date signed 1/10/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

E. L. Williams

Licensed Embalmer No.

2222

P. O. Address.....

Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.